

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-041188

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10028

STATE FILE NUMBER

VS 300
Rev. 4/59

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90

90

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED OCT 17 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b
Yea rs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION 16 Aberdeen Place

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
16 Aberdeen Place

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
Alexander Block Beckers

4. DATE OF DEATH
Month Day Year
October 9, 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH
9-14-1884

9. AGE (last birthday)
79

IF UNDER 1 YEAR
Months Days

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Tobacco Dealer

10b. KIND OF BUSINESS OR INDUSTRY
Retired

11. BIRTHPLACE (City and state or country)
Jefferson City, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

Alexander M. Beckers

13b. MOTHER'S MAIDEN NAME

Emily Block

14. NAME OF HUSBAND OR WIFE

Alice H. Beckers

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Walter A. Beckers, 9 Wickersham, St. L. 24

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH

2 years

DUE TO (b)

Cerebrovascular accident

5 years

DUE TO (c)

Arteriosclerotic Heart Disease

5 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic Bronchitis; Emphysema 4200

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov. 1965 to Oct 9, 1963 and last saw him alive on Sept. 3, 1963
Death occurred at 8 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

10-10-1963

23c. NAME OF CEMETERY OR CREMATORY

Bellefontaine Cemetery

23d. LOCATION (City, town, or county)

St. Louis, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Lupton Chapel, St. Louis, Missouri

25. DATE RECD. BY LOCAL REG.

OCT 9 1963

26. REGISTRAR'S SIGNATURE

Alan Smith, M.D.

Dr. L.J.L. Sale
100 N. Euclid

1:00 to 5:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address

H. Lewis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.